

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

146

STATE FIRE NUMBER

1. NAME ELMER ALBERT CARLSON	2. SEX (M/F) Male	3. DEATH DATE (Mo. Day Year) June 29, 1999
4. AGE LAST BIRTHDAY 87	5. BIRTHDAY (Mo. Day Year) Dec 30, 1911 Minneapolis, MN	6. BIRTHPLACE (City, State or Foreign Country) CON. Rest of Foreign Country
7. CITY, TOWN OR LOCATION OF DEATH Renton	8. PLACE OF DEATH - Is box for place where death occurred or institution name 3600 NE 8th Street	9. WHO DISCOVERED DEATH (U.S. ARMED FORCES) No
10. MARRITAL STATUS-Advised, Never Married, Widowed, Divorced (Specify) Widowed	11. SURVIVING SPOUSE (If yes, list name and address) None	12. DEATH OCCURRED EVER (U.S. ARMED FORCES) No
13. LEGAL OCCUPATION (Last kind of legal work being done or nothing if DO NOT USE RETIRED) Civil Engineer	14. SOCIA L SECURITY NO. 473-01-2354	15. DECEDENT'S EDUCATION (Specify only highest grade received) College (4-8 yrs) 4
16. RESIDENCE - NUMBER AND STREET 3600 NE 8th Street	17. KIND OF BUSINESS OR INDUSTRY Commercial Construction	18. VETERAN'S RECORD (Specify if Yes / No) No
19. FATHER'S NAME - FIRST, MIDDLE, LAST Carl Carlson	20. CITY/TOWN OF LOCATION Renton	21. LENGTH OF RESIDENCE IN MO. 48 Yrs
22. INFORMANT - NAME Mary Helen Lowry	23. CITY/TOWN OF RESIDENCE Ellen Vireen	24. STATE WA
25. BURIAL CEREMONY Cremation, Burial, Other (Specify) Cremation	26. DATE OF BURIAL, CREMATION, OTHER July 1, 1999	27. ZIP CODE 98056
28. MEDICAL INSURANCE NUMBER 1632	29. PLACES OF BURIAL Or Crematory Seattle Service Group Crematory Seattle Funeral Home	30. PLACES OF BURIAL Or Crematory 16th Philadelphia Street Seattle, Washington 98109
TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 31. THE BODY OR MYCROBES WHICH DIED OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE FOLLOWING STATE Jack Horner		
32. DATE OF DEATH (Mo. Day Year) 6/29/1999		
33. HOUR OF DEATH (Mo. Day Year) 1330		
34. NAME AND TITLE OF ATTENDING PHYSICIAN, DOCTOR, OR CORONER (Name of Firm) Jenora Jolly M.D.		
35. DATE SIGNED (Mo. Day Year) 6/29/1999		
36. HOURS PRONOUNCED DEAD (Mo. Day Year) 6/29/1999		
37. HOURS PRONOUNCED DEAD (Mo. Day Year) 6/29/1999		
38. NAME AND ADDRESS OF CERTIFIED PHYSICIAN, DOCTOR, OR CORONER (Name of Firm) Jenora Jolly M.D.		
39. MEDICAL OFFICE NUMBER NJA 2463-99		
40. ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Specify if conflict resulting in death) DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Secondary factors, if applicable, may be listed in the space below. Underlying cause (Cause of death) May contain several causes resulting in death last).		
41. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GAVE ABOVE A. H. Alzheimer's Disease DUE TO DEATH OR CONSEQUENCE OF B. DUE TO DEATH OR CONSEQUENCE OF C. DUE TO DEATH OR CONSEQUENCE OF D. DUE TO DEATH OR CONSEQUENCE OF		
42. AUTOPSY (Yes / No) No		
43. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Yes / No) Yes		
44. ADD. BLOOD TEST, LABOR. OR FUNDING REQUEST (Specify) None		
45. RELEASE DATE (Mo. Day Year) 6/29/1999		
46. INJURY AT PREMISE (Yes / No) None		
47. PLACE OF BURIAL (If none, name and address of cemetery or urn repository) None		
48. STREET OR APT NO., CITY/TOWN, STATE None		
49. RECORD AMENDMENT ITEM RECORDED RECORDED BY DATE None		
50. DATE RECEIVED (Mo. Day Year) None		